

## Quotation Advert

**Opening Date:** 2019-08-30



**Closing Date:** 2019-09-12



**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Mseleni hospital



**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** MSELENI HOSPITAL

**Date Submitted** 2019-08-29



### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
199/19/20-H

**Item Category:** Services



**Item Description:** MAJOR SERVICE TO MSELENI HOSPITAL UPS

**Quantity (if supplies)** 01

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable



**Date :**



**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** SCM OFFICE / ~~035 574 1003~~ / [nozipho.ndlovu@kznhealth.gov.za](mailto:nozipho.ndlovu@kznhealth.gov.za)

**QUOTES SHOULD BE DELIVERED TO:** TENDER BOX / 035 574 1003 / [mandla.zikhali@kznhealth.gov.za](mailto:mandla.zikhali@kznhealth.gov.za)

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

**Name:** NOZIPHO NDLOVU

**Email:** [nozipho.ndlovu@kznhealth.gov.za](mailto:nozipho.ndlovu@kznhealth.gov.za)

**Contact Number:**

035 574 1004





**Finance Manager Name:**

MR M.S ZIKHALI

**Finance Manager Signature:**

A handwritten signature in black ink, appearing to be 'M.S. Zikhal', is written over a horizontal line.

No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page